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AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Maine

)	
U.S. Bank Trust, N.A., as Tru Participation)))	
Plaintiff(s))	
V.		Civil Action No.	2:19-cv-00306-JAW
Aaron Cunningham and	Lisa Cunningham)))	
Defendant(s)			
is (di Jana	SUMMONS IN A	CIVIL ACTION	
To: (Defendant's name and address)	Maine Department of Health and Human Services – Division of Support Enforcement and Recovery 11 State House Station 19 Union Street		MITT IN 18

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John A. Doonan, Esq. Reneau J. Longoria, Esq. Doonan, Graves & Longoria, LLC 100 Cummings Center, Suite 225 D Beverly, MA 01915

Augusta, ME 04333

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 07/01/2019

Christa K. Berry
Clerk, U.S. District Court

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Civil Action No. 2:19-cv-00306-JAW

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

This summons for (name of	of individual and title, if any)				
was received by me on (date)		-			
☐ I personally served th	e summons on the individual at	i (place)			
		on (date)	; or		
☐ I left the summons at	the individual's residence or us	sual place of abode with (nam	1e)		
	, a person	of suitable age and discretion	on who resides there,		
on (date)	, and mailed a copy to the individual's last known address; or				
I served the summons designated by law to according to the summon designated by the summon designat	on (name of individual) cept service of process on behal	nne Lambrew, la If of (name of organization)	mmissioner, who is		
Maine DHHS		on (date) JUL 09	2019 ; or		
☐ I returned the summo	ns unexecuted because		; or		
Other (specify):					
My fees are \$	for travel and \$	for services, for a	total of \$ 0.00		
I declare under penalty of	of perjury that this information i	is true.			
Date: <u>JUL 0 9 2019</u>	HARRY MCI Chief Civil	D ериту	we /		
	Kennebec C Sheriff's C		' title		
		Server's addre	ss		

Additional information regarding attempted service, etc:

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